

*ZdravReform* Manual 0899

# **Primary Health Care Course: Guide for Facilitators**

**September 1997**

**ZDRAVREFORM MANUAL 0899**

# **PRIMARY HEALTH CARE COURSE: GUIDE FOR FACILITATORS**

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Submitted by *ZdravReform* to  
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**WORKSHOPS ON PRIMARY HEALTH CARE/FAMILY MEDICINE  
TABLE OF CONTENTS**

<b>1.0</b>	<b>TENTATIVE SCHEDULE</b>	<b>3</b>
<b>2.0</b>	<b>INTRODUCTION</b>	
2.1	WORKSHOP PHILOSOPHY	6
2.2	GOALS AND OBJECTIVES OF PHC WORKSHOPS	6
2.3	METHODS	7
2.4	TOPICS FOR LEARNING IN SMALL GROUPS	7
2.5	SELECTION OF LEARNERS	8
2.6	MATERIALS	9
<b>3.0</b>	<b>TOPIC #1: PRIMARY HEALTH CARE</b>	<b>10</b>
<b>4.0</b>	<b>TOPIC #2: FAMILY MEDICINE</b>	<b>13</b>
<b>5.0</b>	<b>TOPIC #3: HOW TO SET UP A FAMILY MEDICINE AMBULATORY</b>	<b>18</b>
<b>6.0</b>	<b>TOPIC #4: TRAINING FOR PRIMARY CARE/FAMILY MEDICINE</b>	<b>23</b>
<b>7.0</b>	<b>ASSORTED TOPICS</b>	<b>28</b>
<b>8.0</b>	<b>LIST OF REFERENCE MATERIALS FOR PHC SEMINAR</b>	<b>31</b>

## 1.0 TENTATIVE WORKSHOP SCHEDULE

<b>Day 1</b>	<b>Activity</b>	<b>Responsible</b>
8:00 - 9:30 AM Owens, Drickey	Welcome, introductions, explanation of workshop format, introduction to problem-based learning and small group work	
9:30 - 10:00 AM	Break/coffee	
10:00 AM - 12:00 PM	Small group work: Primary Health Care and Family Medicine	Group leaders
12:00 PM - 1:30 PM	Lunch	
1:30 - 4:30 PM	Reports from small groups and discussion	Reporter from each group
4:30 - 5:00 PM	Wrap-up: Review of day, Preview of following day	Drickey or other

<b>Day 2</b>	<b>Activity</b>	<b>Responsible</b>
8:30 - 9:00 AM	Introduction to day's work	Drickey or other
9:00 - 10:00 AM	Small group work: Primary Health Care and Family Medicine	Group leaders
10:00 - 10:30 AM	Break/coffee	
10:30 - 12:00 PM	Continue small group work	Group leaders
12:00 PM - 1:30 PM	Lunch	
1:30 - 4:30 PM	Reports from small groups and discussion	Reporter from each group
4:30 - 5:00 PM	Wrap-up: Review of day; Preview of following day	Drickey or other

5:00 - 7:00 PM (or later)  
Zdrav*Reform*  
staff

Celebration of beginning

<b><u>Day 3</u></b>	<b><u>Activity</u></b>	<b><u>Responsible</u></b>
8:30 - 9:00 AM	Introduction to day's work	Drickey or other
9:00 - 10:00 AM	Small group work: How to set up a Family Medicine Ambulatory	Group leaders
10:00 - 10:30 AM	Break/coffee	
10:30 - 12:00 PM	Continue small group work	Group leaders
12:00 PM - 1:30 PM	Lunch	
1:30 - 4:30 PM	Reports from small groups and discussion	Reporter from each group
4:30 - 5:00 PM	Wrap-up: Review of day; Preview of following day	Drickey or other

<b><u>Day 4</u></b>	<b><u>Activity</u></b>	<b><u>Responsible</u></b>
8:30 - 9:00 AM	Introduction to day's work	Drickey or other
9:00 - 10:00 AM	Small group work: Training for Primary Health Care/ Family Medicine	Group leaders
10:00 - 10:30 AM	Break/coffee	
10:30 - 12:00 PM	Continue small group work	Group leaders
12:00 PM - 1:30 PM	Lunch	
1:30 - 4:30 PM	Reports from small groups and discussion	Reporter from each group
4:30 - 5:00 PM	Wrap-up: Review of day; Preview of following day	Drickey or other

<b><u>Day 5</u></b>	<b><u>Activity</u></b>	<b><u>Responsible</u></b>
8:30 - 9:00 AM	Introduction to day's work	Drickey or other
9:00 - 10:00 AM	Small group work: Residual issues to be determined	Group leaders
10:00 - 10:30 AM	Break/coffee	
10:30 - 12:00 PM	Continue small group work	Group leaders
12:00 PM - 1:30 PM	Lunch	
1:30 - 5:00 PM	Final discussion; answer questions, clarify issues; obtain commitment from participants for work in home sites	<i>ZdravReform</i>
5:00 PM - whenever	Celebration of our work	

## 2.0 INTRODUCTION TO WORKSHOP

### 2.1 Workshop Philosophy

Learning in the proposed workshops will be entirely participatory. There will be no lectures. Learners will actively participate in the *process* of curriculum development for training in primary health care/family medicine (PHC/FM)—curriculum that they will later be expected to develop with learners at their home sites. *Process* is at least as important as *content*. Content, that is, the “stuff” of PHC/FM, is abundant and is already available to those who will participate in the PHC/FM workshops. *Participation in the process* of compiling what needs to be known, integrating that knowledge into rational, efficient practice, and deciding how to teach the content is what will achieve real understanding and buy-in for PHC/FM. Learners who attend the workshops later will facilitate learning by other participants in their home-sites, by involving those participants in the *process* of developing the PHC/FM system .their home sites. The PHC/FM system in their home sites will then be their own, and will “fit” in their particular environment.

Essential for a successful enterprise is the ability of people to work together effectively in groups. This ability is not naturally inherent in many individuals. It certainly is not a natural feature of centrally planned, top-down political systems such as existed in the former Soviet Union. In the last 20 years in management science, techniques have been developed to enhance group work. In the planned workshops we will learn and apply many techniques to achieve effective, shared group leadership, participation and creativity from the entire group, trust within groups, and group focus to achieve the goals of the project.

### 2.2 Goals and Objectives of PHC Workshops

**Goals** by the end of each one-week workshop the participants will be able to explain:

- 1) What is primary health care?
- 2) What is family medicine?
- 3) What should be learned about primary health care and family medicine?
- 4) Which learning methods should be used?
- 5) How to establish a family medicine ambulatory.
- 6) How to design a workshop for presentation to the learners in their home sites.

**Objectives:** the objectives of the workshops are listed below (section 2.4) as topics for small group learning.



## 2.3 Methods

Learning is done best when learners actively participate in all aspects of the learning process, from design of what is to be learned, to where to discover information, to sharing that information with fellow learners. With the assistance of *ZdravReform* staff, learners will be guided to learn essential aspects of PHC/FM.

The group of 25 learners in each workshop will be divided into five groups of five persons in each group. Groups will be pre-selected by workshop organizers, and each group will work together for the entire week. Each group should contain at least two persons, if available, who may work together in their home sites so that they might reinforce with each other what they have learned when they return to their home sites.

Group leaders, or facilitators, will be pre-selected and receive orientation and training from the consultant before the start of each workshop.

One small group session will take place each morning of the workshop. Each morning a separate major aspect of PHC/FM will be considered, and each small group will consider one issue of the larger topic. For example, on the first and second mornings of the workshop we will consider various aspects of Primary Health Care and Family Medicine. Each small group, separately, will consider one issue of the larger topic, such as:

- Comparison of family medicine and primary care group practice
- Legal framework for PHC: regulations/instructions from the Ministry of Health and Oblasts
- PHC standards
- Medical documentation
- Mental health/behavioral science

Each afternoon a reporter from each small group will share with the entire large group output from their small group. The information presented by the small groups will be discussed, expanded, and analyzed by the large group as a whole. Thus, five major areas, with a total of up to 25 smaller topic areas, will be considered.

Each afternoon session will be tape-recorded and transcribed to produce a document of *Proceedings* that will become a *Handbook on Primary Health Care and Family Medicine in Ukraine*.

## 2.4 Topics for Learning in Small Groups

### Primary Health Care

- Comparison of Family Medicine and Primary Care Group Practice

- Legal framework for PHC: Regulations/instructions from Ministry of Health and Oblasts
- Primary Health Care standards
- Basic health care economics/User fees/Competition
- Methods for achieving change

### **Family Medicine**

- Job descriptions for family medicine doctor/feldsher/nurse
- The family in family medicine
- Community involvement/patient health education/smoking/alcohol
- Content of family medicine/relationship of FM with specialists: (pediatrics, internal medicine, surgery, emergency care, obstetrics and gynecology)
- Mental health/behavioral science

### **How to set up a Family Medicine Ambulatory**

- Description of family medicine ambulatory
- Management and administration
- Necessary equipment for the family medicine ambulatory
- Clinical pathways
- Quality/productivity management/patient satisfaction

### **Training for Primary Health Care/Family Medicine**

- Problem-based learning/small group work
- Clinical precepting/apprenticeship
- Clinical sessions on most frequent reasons for encounter, especially cost effective practice
- Ethics, privacy and confidentiality
- Basics of health economics/user fees

## **2.5 SELECTION OF LEARNERS**

Selection of participants for the first week of the course will be entirely the responsibility of *ZdravReform* with input from the consultant. *ZdravReform* has established an application and selection process to select the most promising participants based on the probability that they will establish family medicine activities in their locale.

Selection of participants for the second week of the course (on-site work) will be the responsibility of *ZdravReform* in collaboration with the consultant. Second week participants will be selected based on the probability that they will become consultants with *ZdravReform*.



## **2.6 MATERIALS**

Relevant printed materials from three years of *ZdravReform* work will be available to workshop participants. These materials are catalogued, in part, on computer. Computer access to material should be provided by *ZdravReform* at the workshop sites. The consultant will provide to *ZdravReform* with new materials—for example, on privacy, confidentiality, and problem-based learning—for translation and addition to its library.

*ZdravReform* will make available at the workshop sites at least six flipchart paper blocks and at least 12 marking pens. An overhead projector and blank transparencies will also be available to the facilitator.

*Primary Health Care*

**COMPARISON OF FAMILY MEDICINE AND PRIMARY CARE GROUP PRACTICE**

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- **Define primary health care**
- **Define family medicine.**
- **What are similarities between the two?**
- **What are differences between the two?**
- **Can internists and pediatricians do primary health care? Why or why not?**

**RESOURCES**

**Definition of PHC**  
**RM-68**

## **LEGAL FRAMEWORK FOR PHC: REGULATIONS/INSTRUCTIONS FROM THE MINISTRY OF HEALTH AND OBLASTS**

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- **Review MOH Decree establishing PHC/Family Medicine.**
- **Review any established regulations from MOH and Oblasts.**
- **Are the decree and regulations adequate?**
- **What other decrees and/or regulations are necessary for the practice of PHC/Family Medicine?**

### **RESOURCES**

**MOH Decree on PHC**  
**Any Oblast pronouncements on PHC/FM**  
**RM-57, RM-58, RM-63, RM-67**

## **PRIMARY HEALTH CARE STANDARDS**

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- **Why are PHC standards needed?**
- **How should PHC standards be used?**
- **Review draft Ukraine PHC standards.**
- **Review HEDIS PHC standards from the United States.**
- **What are the differences between the two?**
- **Suggest changes or additions to the draft PHC standards.**

## **RESOURCES**

**Draft standards developed by A. Huk**  
**HEDIS standards**  
**RM-16**

## **HOW TO ACHIEVE CHANGE?**

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- **What are some ways of achieving change within organizations?**
- **What methods for achieving change have you found to be most effective in your organizations?**
- **What methods should be used to achieve change toward PHC/family medicine in Ukraine?**

## **RESOURCES**

**JA-84, JA-3(R), RM-4, TN-7, TN-15, ZRP-Pr.-I.D., JA-129(R)**



## **BASIC HEALTH CARE ECONOMICS/USER FEES**

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- **Is there such a thing as free health care?**
- **Who should pay for health care?**
- **What is managed care?**
- **What is capitated care?**
- **Why is the current health care system so short of funds?**
- **What can be done about the shortage of funds?**
- **Discussion of fundholding and risk.**
- **What methods can be used to encourage efficient, lower cost, high quality medical practice by physicians?**
- **Should patients pay user fees?**
- **What do patients already pay for?**
- **Are patients willing to pay user fees?**
- **What methods can be used to encourage patients to pay user fees?**

## **RESOURCES**

TN-6, JA-5, JA-143, JA-6(R), JA-25(R), RM-6, JA-12(R), JA-28(R), TM-7, JA-30(R), JA-31(R), JA-35(R), RM-5, ZB-8, TR-8, TR-9, TR-10, TR-24, TM-1, TM-2, ZRP Pr.I.-B., RP-14, RM-4, JA-3, JA-23

## *Family Medicine*

### **JOB DESCRIPTIONS FOR FAMILY MEDICINE DOCTOR/FELDSHER/NURSE**

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- **Review any available job descriptions.**
- **Create your own job descriptions.**
- **How can doctor, feldsher, and nurse work together most efficiently?**
- **Consider scheduling of work.**
- **Consider cross coverage among doctors, doctors and feldshers/nurses.**

### **RESOURCES**

**Any job descriptions for family medicine doctor/feldsher/nurse currently available in Ukraine**

## *Family Medicine*

### **THE FAMILY IN FAMILY MEDICINE**

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- **Why is the family important in health and medical care?**
- **What is the family doctor able to do to treat the family?**
- **What training is needed to work with families?**

### **RESOURCES**

*Fam Med* 1994 Feb;26(2):89-92

*Fam Med* 1989 Jan;21(1):45-49

*Prim Care* 1988 Jun;15(2):297-310

*J Fam Pract* 1982 Sep;15(3): 451-457

## **PATIENT EDUCATION**

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- **Why is patient education important?**
- **What are some methods of patient education?**
- **What are some advantages and disadvantages of physicians doing patient education?**
- **Who, besides physicians, can do health education?**

## **RESOURCES**

**JA-79(R), JA-130(R), RM-71 through RM-151, JA-96(R), JA-133(R)  
JA-104(R)**

## *Family Medicine*

### **CONTENT OF FAMILY MEDICINE/RELATIONSHIP OF FM WITH SPECIALISTS: (PEDIATRICS, INTERNAL MEDICINE, SURGERY, EMERGENCY CARE, OBSTETRICS AND GYNECOLOGY)**

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- **What should family doctors be able to do?**
- **How is it decided what they should be able to do? What are components of the decision?**
- **Who should decide what they should be able to do?**
- **Describe the ideal relationship of family medicine to various specialties  
(pediatrics, internal medicine, surgery, emergency care, obstetrics and gynecology)**

### **RESOURCES**

**20 most common diagnoses**

## **MENTAL HEALTH/BEHAVIORAL SCIENCE**

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- **What is the influence of the mind and feelings on illness and medical disease?**
- **What is the influence of medical disease on the mind and feelings?**
- **What can family doctors do to care for the mental health of patients?**

### **RESOURCES**

*Fam Med* 1997 Mar;29(3):182-183

*J Fam Pract* 1997 Jan;44(1):77-84

*Can J Psychiatry* 1996 Dec;41(10):623-628

*Fam Med* 1996 Sep;28(8):553-558

*J Fam Pract* 1995 Dec;41(6):551-558

*Can Fam Physician* 1995 May;41:817-825

*J Fam Pract* 1992 Nov;35(5):511-516

JA-123(R)

### *How to set up a Family Medicine Ambulatory*

## **DESCRIPTION OF FAMILY MEDICINE AMBULATORY**

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- **What factors must be considered and planned for?**
- **How much space is needed?**
- **How many rooms per provider? Why?**
- **Emergency care?**
- **What about home visits?**

## **RESOURCES**

**Descriptions of current FMAs**

*How to set up a Family Medicine Ambulatory*

**NECESSARY EQUIPMENT FOR THE FAMILY MEDICINE AMBULATORY**

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- **What equipment is needed in the office?**
- **What equipment is needed in the doctor's bag for home visits?**
- **What training is needed to use the equipment?**
- **How is the equipment maintained?**

**RESOURCES**

**Any lists currently available in Ukraine**



## **CLINICAL PATHWAYS**

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- **What are clinical pathways?**
- **Why are they important?**
- **How are they developed?**
- **Suggest some essential clinical pathways for a FMA.**
- **Develop a sample clinical pathway for some disease.**  
(For example: clinical pathway for high blood pressure diagnosis and treatment, or for diabetes mellitus diagnosis and treatment)

## **RESOURCES**

JA-82, JA-27(R), JA-119(R), JA-87, JA-89  
JA-126(R), JA-128(R), RP-13, TR-7, ZRP Pr.-I.G., JA-64(R)  
*J Quality Improvement* 1996 Sept;22(9):617-627

## **QUALITY/PRODUCTIVITY MANAGEMENT/PATIENT SATISFACTION**

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- **How do you measure quality?**
- **How do you measure productivity?**  
(Patients per hour or day; length of time for exam; number of referrals, etc.)
- **How are quality and productivity related?**
- **How does quality/productivity relate to clinical pathways?**
- **Is patient satisfaction part of quality?**
- **How do you measure patient satisfaction?**

## **RESOURCES**

JA-18(R), JA-21(R), JA-138(R), JA-140(R), JA-146(R), RM-69, RM-70, RP-13  
Patient satisfaction studies from L'viv

*How to set up a Family Medicine Ambulatory*

**MANAGEMENT AND ADMINISTRATION**

---

- **What personnel are needed? For patient care? For management and administration?**
- **If user fees are collected, what procedures should be used to collect and account for the fees?**

**RESOURCES**

**RP-15, RP-16, TN-1, TM-5**

## **PROBLEM-BASED LEARNING/SMALL GROUP WORK**

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- What are the principles of problem-based learning or active learning?
- What are the principles of small group work?

### **RESOURCES**

Paper on PBL, *Can J Psychiatry* 1996 Dec;  
41(10): 623-628

## **CLINICAL PRECEPTING/APPRENTICESHIP**

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- **What are the principles of adult learning?**

### **GENERAL RESOURCES**

**RM-27, ZRP-Pr.-III.H., TR-12  
JA-129(R)**

**CLINICAL SESSIONS ON MOST FREQUENT REASONS FOR ENCOUNTER,  
ESPECIALLY COST EFFECTIVE PRACTICE.**

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- **Choose a disease or diagnosis that is commonly seen in family medicine (e.g. ear infection or upper respiratory infection).**
- **Set up a brief clinical pathway to diagnose and treat the disease.**
- **What are the costs of each step of the clinical pathway?**
- **Find ways to reduce costs and yet maintain quality.**
- **What is the relationship between cost and quality?**

**RESOURCES**

**Most common diagnoses**

**RM-43, JA-97(R), TR-7, JA-131(R), JA-100(R)**

## **ETHICS, PRIVACY AND CONFIDENTIALITY**

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- **Name five ethical issues confronted in medical practice. Give examples.**
- **What is patient privacy?**
- **Why is privacy important?**
- **What is confidentiality?**
- **Why is confidentiality important?**
- **Does confidentiality apply only to dealing with patients?**

## **RESOURCES**

**JA-142, JA-72(R), JA-103**

*Training for Primary Health Care/Family Medicine*

**UNDERGRADUATE MEDICAL EDUCATION/TEACHING MEDICAL STUDENTS**

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- **Design a curriculum to teach PHC to medical students**

**RESOURCES**

**PCC curriculum**

**Odessa curriculum for undergraduates**



*Assorted topics*

## **MEDICAL RECORDS/USE OF COMPUTERS**

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- **What is the purpose of a medical record?**
- **Discuss how medical records in Ukraine might be improved.**
- **How are computers used currently in Ukraine in the health system?**
- **Should Ukraine move toward increased use of computers in the health system? Why or why not?**
- **Discuss other uses for computers in the health system.**
- **Discuss ways to finance the purchase of computers.**
- **How can people, including doctors, be trained to use computers?**

## **RESOURCES**

**JA-72(R), JA-70(R), JA-73(R), JA-74(R) , JA-85(R), RM-64, TR-25**

*Assorted topics*

## **RESEARCH/EVALUATION**

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- **How are research and evaluation similar to each other?**
- **How are research and evaluation different from each other?**
- **Why is research important in PHC/FM?**
- **Why is evaluation important to education and practice?**
- **Describe some methods of teaching how to do research.**
- **Describe some methods of evaluation.**

## **RESOURCES**

**JA-139(R), Generic abilities**

*Assorted topics*

## **FAMILY PLANNING**

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- **Why is family planning important enough to be discussed as a separate topic at this workshop?**
- **Why is family planning important even though the population of Ukraine is decreasing?**
- **Is abortion a good method of birth control/family planning? Why or why not?**
- **Discuss various methods of contraception, their advantages and disadvantages**

## **RESOURCES**

**OU-3, RM-23, RM-29, RM-30, RM-31**

**LIST OF MATERIALS FOR PRIMARY CARE COURSE (September 8-12 1997)**

#	CODE	TITLE	# OF PAGES	# OF COPIES	TOTAL # OF PAGES
1		Brochure on ZRP activities		30	
2		July update	4	30	210
3		List of documents ( Zakaz form + Letter)	25	30	210
4	ZB-11	ZRP Brief on Primary Care	7	30	210
5	TN-26	Primary Care Standards	7	30	210
6	TM-9	Guide For Facilitators: Primary Care Course	31	35	1085
7	TN-27	Establishing Family Medicine Outpatient Clinics at City Hospital#1 in L'viv, Ukraine	20	30	600
8	ZRP.pr.- I.D	Organizational Restructuring and Rationalization of a Rayon or District Health Delivery System: How to Close Hospital Beds while Improving Access to Care	22	6	132
9	ZRP.pr.- I.G	Clinical Pathways Implementation Manual	22	6	132
10	ZRP.pr.- III.H	Strengthening Family Medicine Education in L'viv Oblast, Ukraine	20	6	120
11	ZB-8	User fees: A Tool for Improved Financing Quality and Services in Health Care in Ukraine	9	6	54
12	ZRP.pr.- II.A	Successful Integration of Medical Insurance, Private Practice and Family Medicine in Dneprodzerzhinsk, Ukraine	18	6	108
13	TR-9	Improving Efficiency, Quality and Access under Global Budgeting in City Hospital #1, L'viv, Ukraine	19	6	114
14	TR-10	An Assessment of Plans to Implement per Capita Financing in the Health System of L'viv oblast (draft)	24	6	144
15	TR-7	Economic Evaluation of Pregnancy Screening in Chernivtsi, Ukraine	23	6	138

16	TR-24	Estimates of Private, out-of-pocket Spending on Physician Services in L'viv oblast, Ukraine	21	6	126
17	RM-58	The Concept of Reforming Health Care in Ukraine (annex to the draft)	13	6	78
18	RM-68	Comparison of Family Medicine Model	47	6	282
19	RM-198	Family Physician Guide	94	6	564
20	JA(R)-21	Utilization Review	18	6	108
21	JA(R)-20	Do Physicians Induce Demand for Medical Services?	35	6	210
22	JA®-38	To Competitive Nature of the Primary-Care Physician Services Market	23	6	138
23	JA®-40	The Total Costs of illness: A Metric for Health Care Reform	16	6	96
24		Package of the latest regulations on primary care (draft)	37	6	222
25	RM-205	Correlates of Depression in Primary care	12	6	72
26	RM-204	Presentation and Management of Childhood Psychological Problems	8	6	48
27	RM-203	Teaching Child and Adolescent Psychiatry to Family Medicine Trainees: A Pilot Experience	8	6	48
28	RM-202	The Difficult Patient: Creation of a Curriculum by Third-year Family Practice Residents	8	6	48
29	RM-199	The Education of Depressed Primary Care Patients: What Do Patients Think of Interactive Booklets and a video?	13	6	78
30		Practical medicine (journal)		30	
31	RM-201	Disarming the Family Ghost: A Family of Origin Experience	11	6	66
32	RM-206	Teaching Family and Community Dimensions of Clinical Family Medicine in Venezuela	6	6	36
33	RM-207	Between research and Practice in Family Medicine: The Gulf Resolution	3	6	18
34	RM-208	Functional Assessment of Families with Diabetic Person	11	6	66
35	RM-209	Prevalence of Lifetime Sexual Victimization Among Female Patients	11	6	66
36	RM-210	The Family Circle Method for Integrating Family Systems Concepts in Family Medicine	8	6	48
37	RM-211	Anatomy of a Resident's Research Project	5	6	30
38	RM-212	Reduced Length of Stay and Improved Appropriateness of Care with a	7	6	42

		<b>Clinical Path for Total Knee or Hip Arthroplasty</b>			
<b>39</b>	<b>RM-213</b>	<b>Recognition of Mental Health Problems in Primary Care Practices</b>	<b>3</b>	<b>6</b>	<b>18</b>
<b>40</b>	<b>RM-200</b>	<b>HEDIS Standards</b>	<b>5</b>	<b>6</b>	<b>30</b>
<b>41</b>	<b>RM-214</b>	<b>Principal Approach to Training</b>	<b>13</b>	<b>6</b>	<b>78</b>
<b>42</b>	<b>RM-215</b>	<b>Most Common Conditions and Disorders Seen by Family Physician</b>	<b>2</b>	<b>6</b>	<b>12</b>
<b>43</b>	<b>RM-216</b>	<b>Generic abilities</b>	<b>1</b>	<b>6</b>	<b>6</b>
<b>44</b>	<b>RM-217</b>	<b>Bronchitis Clinical Pathway</b>	<b>5</b>	<b>6</b>	<b>30</b>
<b>45</b>		<b>TOTAL</b>	<b>695</b>	<b>455</b>	<b>6141</b>